POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	9/12
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			10/18

INDEX OF CLAIMS

✔ .... Rejected		N .... Non-elected
≈ .... Allowed		I .... Interference
— (Through numeral)... Canceled		A .... Appeal
÷ .... Restricted		O .... Objected

Claim			Date				
Final	Original						
1	✔	✔					
3	≈	✔	✔				
5	≈	✔	✔				
6	≈	✔					
7	≈	N					
8	≈	✔					
9	≈	N					
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12							
13	÷	N					
14							
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16	÷	✔	✔				
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22	÷	N					
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35	÷	N					
36	÷	N					
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43							
44	÷	✔	✔				
45	÷	✔	✔				
46	÷	N					
47							
48	÷	N					
49	÷	N					
50		✔					

Claim		Date					
Final	Original						
51	✔						
52	✔						
53	✔						
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Claim		Date					
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If more than 150 claims or 10 actions
staple additional sheet here

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